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by T. Atkinson of the  
paper March 19 to 1907

Thomas T. Atkinson

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By the laws of the university of Pennsylvania, every candidate for the degree of Doctor of Medicine, is compelled to prepare a dissertation on some medical subject, to be submitted to the examination of the trustees and professor of that institution.

This circumstance alone induces me to write the following treatise on inflammation of the Liver as a disease, which from its frequency of occurrence in the Southern States, should particularly engage the attention of the physician who selects to settle in that part of our country, and who in all probability will have the lives of many who are afflicted with it intrusted to his care.

The ability with which this subject has so often been handled by men of far greater talents and experience than myself, precludes the hope of my offering any thing original on it.

Hepatitis is placed by Dr. Cullen and other nosological writers in the class Pyrexia, and under

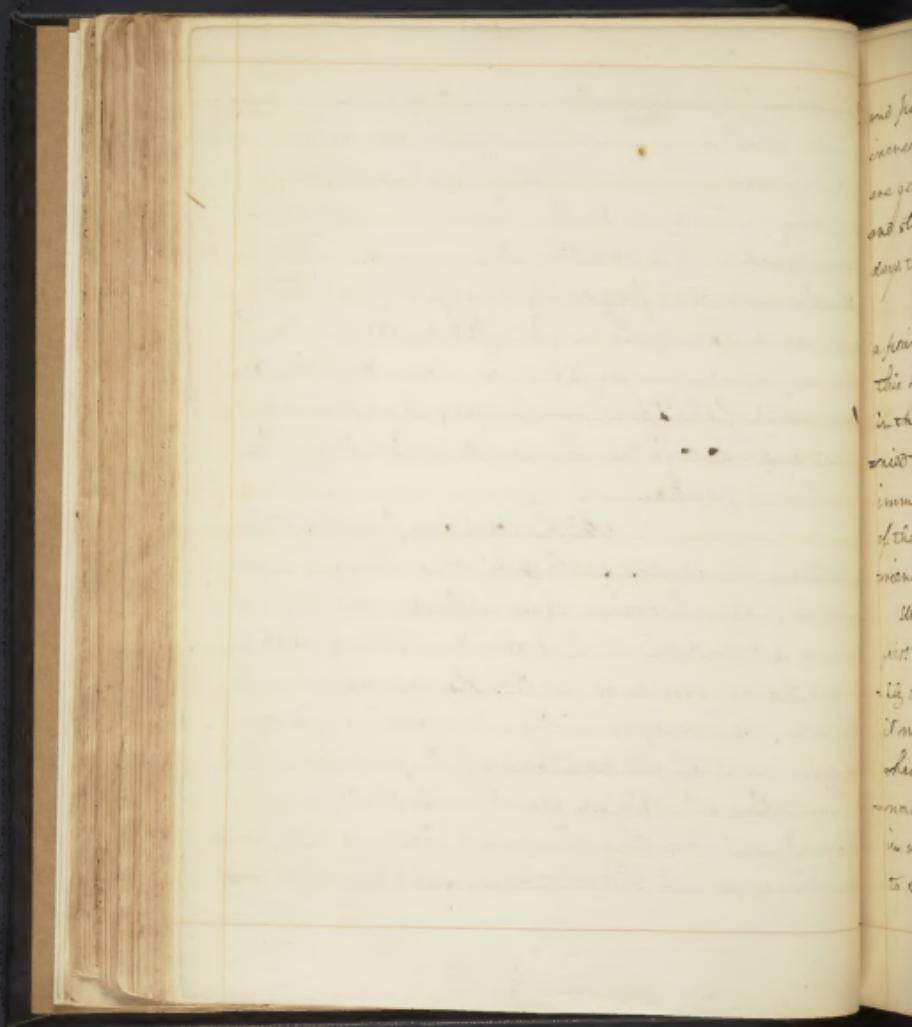
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Phlegmasia; it is of two species, the acute and chronic. The first of these may be distinguished by an acute pain in the right Hypochondrium, which is increased by respiration, and extends to the shoulder and scapulae of the affected side; breathing is performed with difficulty, the patient is frequently harassed by a distressing cough, and when lying on his left side, complains of a severe pain in the right. This is caused by the enlargement of the Liver, and a more than usual weight suspended by the ligaments which keep it in its natural position.

Adhesions are frequently formed between the convex surface of that viscus, and the parieties of the abdomen, these adhesions are torn when the body is turned on the left side, and thereby become an additional source of pain. The manner in which this takes place may be readily understood by a person acquainted with the anatomy of the parts, and with their relative situation in the abdominal cavity. Diarrhoea and vomiting of bile, are frequent attendants. The skin is dry and hot, the tongue white or yellow —



and parched, the appetite is destroyed, the thirst is very much increased, the urine is of a deep yellow colour, the bowels are generally inactive, and the pulse is frequent, hard and strong. When the disease has continued several days, the skin and eyes sometimes become yellow as in Jaundice.

To the above symptoms ~~is~~ <sup>often</sup> added a painful affection of the muscles on the <sup>side</sup> of the neck; this I am told by one of the most respectable practitioners in the state of Virginia, has very generally accompanied those cases which have fallen under his own immediate care. He has himself had several attacks of the disease, and he assures me that he invariably experienced, the disagreeable sensation of which I have spoken.

Utterly unable to account for the fact, I was at first disposed to consider it as accidental, depending probably on a rheumatic state of the parts, but on reflection it may be as satisfactorily explained, as the pain in the shoulder which is laid down by all authors as a pathognomonic symptom of the disease. Both are involved in obscurity and we can do no better, than to refer them to that law of the animal economy, termed sympathy.

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or a concert of parts.

In the chronic Species the symptoms are less violent, the liver is generally considerably enlarged, and can be felt projecting below the margin of the thorax. I have seen it more than once occupying the Epigastric and nearly all of the left hypochondriac regions.

The pain is more of the obtuse kind, and the yellowness of the skin and eyes is to be met with sterner than in the acute. Sometimes there is an absence of all these symptoms, or they are so slight as to be unobserved, and the disease is not known to have existed until death, when on dissection large abscesses have been found the consequence <sup>of</sup> ~~of~~ <sup>supposed</sup> previous inflammation.

In several persons who have died of hepatitis of the chronic kind, the whole of the liver except the large bloodvessels, has been absorbed without any symptom whereby the physician was led to suspect the presence of the disease.

Instances of this kind are by no means infrequent.

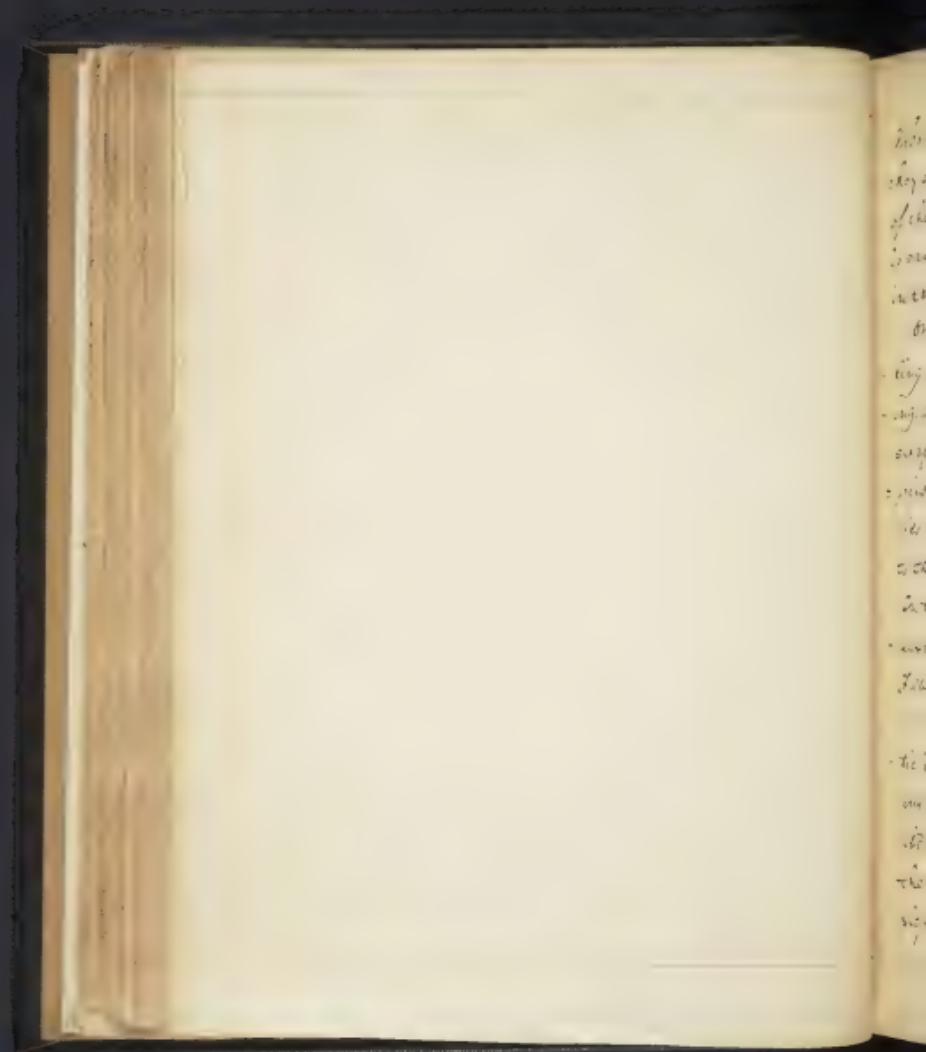
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In late Sir William Jones had a fit of a violent attack of chronic inflammation of the head, due to a severe stroke of the brain at an early age. His head was now very large, and the exterior of the skull is less enhanced in its elevation, and more flattened.

The whole causes of headache are numerous and diversified, and these may be enumerated. Severe injuries of the head, violent exercise, intense heat in summer, winds & a severe often ~~heat~~ in autumn, rich seasoned food; but by far the most insidious source of the disease in the United States, one, the intemperate use of ardent spirits; and all those causes which create a general intermission and remittent fever.

In warm climates (as we know) the liver is more apt to be affected in inflammation than any other part of the body, probably, from the increased excretion of bile which takes place, when the blood is thrown on the intestinal parts by cold; or from the bile becoming solid, and thereby exciting irritation in that organ.



There is a distinction more between these intakes, as  
they occur when the disease occupies the & lower, &  
of the liver. When it is seated in the liver, the pain  
is said to be of the disease and less violent, and the evanescence  
in the right hypochondriac is more progressive.

On the contrary, if there is an acute pain, resembling  
that of Pleurisy, with extreme difficulty of breathing  
and cough or hiccup, we may detect the course  
surface to be affected. If the inflammation occurs  
in that part of the inferior or concave surface which  
is continuous to the stomach, it may often extend itself  
to that viscera, and gives rise to saccular vomiting.

In these instances the matter that occupies the liver is  
sent to the tract vomit which labor gives in the right  
liver.

Mr. Mathews in his valuable treatise on Hista-  
tic Diseases says "when the intakes are violent, without  
any a sharp uneasiness, but on the right side of the  
liver, with little tension or hard ness, yet on pressing  
the liver, sickness, cough & constrictions are brought on; it is a certain  
sign that the inflammation is situated about the region



of the gascoolester, and that it is a tonic with the bilious  
but is not well known.

At the older age, when the body is in a state of decline  
it is not to be expected that the disease, at that instant  
commences in some of those parts with which  
it is in contact, (most commonly the stomach) and is com-  
municated to it by conduction.

Here I must beg leave to differ from the very respectable  
authority which I have mentioned. That inflammation  
may be extended from the stomach to the liver we  
will not doubt; but that it very often has its origin  
in the liver, I believe, will be a violent protest.

Without adducing other arguments in support of our posi-  
tion, dissection affords us irresistible evidence of its  
truth. If it be examined after death, not the true nature  
of disease is to be ascertained.

The dissection of the liver in such a case is much enlarged,  
and inflamed; protruberant and hard, and instead of the usual  
liver, we find that of a woman, and further, we  
sometimes find <sup>it reflects</sup> with a woman, a second woman  
survives to a widow, it is a remarkable coincidence, and

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ction of its substance, the class of, numbers have been  
presented in sixteen subjects without a notice of "in-  
motion," misnomer is not a bad term for this disease  
as there is no motion to be found, but the disease  
may be an irritation of the muscle.

Slow respiration, not to be, 100, and it's  
join together. While the fibrous structure is increased, it  
procession to see, increasing if the adhesion extends on the  
convex surface of the lining, and adhesions are formed  
between it and the peritoneum lining the abdomen.

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we may readily discover a tumor and fluctuation in  
the tumor. a severe, firm, increase of heat and its  
advancement in size, rendering the recto-femoral, or  
motion of the knee, or the sub-patellar, or other place.  
There is a limitation of pain, a bursting, or a severe, or  
increase of the ordinary heat or pain. The recto-femoral  
inflammation is acute.

The sickness of the recto-femoral fluctuation  
comes according to the seat of the disease. The motion  
sometimes bursts through the skin, or it is introduced  
into the thorax; if recto-femoral is turned into the abdomen  
and lungs, it is in some few instances discharged gradually,  
but in a great majority it runs off, and the victim  
is suffocated. It occasionally, however, it is turned  
or introduced, and is emitted upon the stool.  
If the recto-femoral and recto-abdominal are taken, and with  
the surrounding parts the pus is drawn directly into  
the cavity of the abdomen, and, peritonitis, inflammation  
is excited which puts a stop to the existence of the patient.

The disease, in which epithelioma is not malignant,

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be mistaken, now, for aonia, gastritis, and chronic laryngitis. It may be distinguished from the last disease by the more extensive & deeper redness, increased concentration, and by the breathing being performed with less difficulty. In gastritis there is an accute & violent pain, in the region of the stomach, which is considerably increased when anything is swallowed; there is, too, a greater and more sudden elevation of the heat in this, than in any other disease, all these <sup>are</sup> ~~are~~ <sup>are</sup> greatest in the patient.

A late writer tells us that "Inflammation of the liver, may <sup>arise</sup> from the indolent, indolent, & indolent, & no disease, but the liver becomes inflamed, by the juice being more intense in the, & than it becomes necessary to keep the body in action. It has a violent posture, whereas the greatest violence there, is spasm of the ducts, & the liver is now in the body, & not the bones."

It seems to me, as is speaks, the treatment of the disease, and in doing this you may mention those medicines which Salerno uses the most.

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and one abomination of others, have, more or less, a  
place in their names.

In such positions are, however, evacuation  
to effect a resolution, the facility with which is  
- inflammation, frequent in the disease, and it is not  
unnecessary to distinguish, one circumstance, which  
should ever be recollecte, and, even at the most  
acute, expectant medicines should be early and copious-  
ly employed. Among these, sanguinaria is by far the most  
useful, indeed the cancer is the mother of sanguinaria, and must  
never to be used until no inflammation is visible.  
Besides directly softening the parts, the circulation is  
prepared, the system for the administration of those medi-  
cines which are to succeed to further bleedings, and  
that the most drastic purgations cannot be made to produce  
an evacuation until bloodletting is employed to remove  
<sup>the</sup> ~~the~~ <sup>excess</sup> of the vessels.

Some writers on this subject  
have told us, to bleed after the extraction of the  
fourth day of the disease; this I think is a necessary  
and judicious direction, and one, which, I often, ob-

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might be productive of a most baneful error or mischief in practice. In the treatment of this disease, as in every other disease, we are carefully to adapt our remedies to the circumstances of each particular case, and as long as those symptoms are present which indicate the necessity of venesection, we are fearless and ready to employ it, without regard to the number of days or weeks which the disease has continued. We are therefore very confident, as to the safety of this simple direction as to the quantity of blood to be drawn; this should only be regulated by the degree of inflammation and the strength of the natural secretion of the malady, as determining what substitution is required.

Venesection is to be succeeded by the liberal use of purgative medicines of this. I should give the decided preference to large doses of Salines, often re-heated, and alternated with preparations of the neutral salts. The common dose in which calomel is administered is in my opinion, entirely too small to produce that fermentant impression on

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8, often which it is our right to collect.

To obtain a complete stenosis of the alimentary canal, I would give 20 drams; after which a solution of the Sulph. Soda or Magnesia mixed with some opium, is injected. These should be repeated at such intervals as to admit an ordinary dinner, which may be continued as long as the surgeon judges it to be necessary.

Topical bleeding, or the application of Cupping plates, or Leeches to the affected part, will sometimes give good relief; but I have seen instances where it has been of much service to introduce this mode of extraction, without confining it to the entire extraction of the ulcer. The function may be correct in cases where the pain and ulcer are moderate, or which succeed-sions continued after about 20 without relief; but when the inflammation of the liver is the primary disease in the patient, and is a very habitual state, we should not hesitate to use the lancet freely.

Many physicians take it for granted, now



recommended in strong terms, the practice of taking blood from a large orifice in inflammatory diseases. It is true (they say) that from a small orifice an issue quantity may be drawn as from a large one, but the time of its flowing is so long, that the toxicall infection (which demands for its relief a sudden impression on the system) is not much influenced by it, though the general strength is greatly reduced which is an inconvenience to be avoided as much as possible, in a disease that requires repeated exaccerbations.

By some, the digitalis purpurea has been extolled as a valuable medicine in hepatitis. I consider myself no expert for its use, but am rather inclined to attribute the good effects which have been ascribed to it entirely to the other means which were employed at the same time.

When the inflammatory symptom has been somewhat reduced by the routine administration of no more specific remedies, we should apply a large Blister over the Liver, the discharge from which is to be continued for some consider-

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value time. If it is disposed to heal too soon it has  
been recommended to receipt given by the application of  
a succession of blisters rather than of any stimulating  
ointment. With a view to excite a gentle irritation  
in commencing the antiphlogistic powders, it is best care-  
to give them in such doses, and at such intervals, as  
to produce no more than a slight.

As long as there is a possibility  
of effecting a resolution, we should prosecute in the antiphlogistic regimen; and as a very important part of this  
plan of treatment, strict attention is to be paid to the pa-  
tient's diet. He should be nourished during the inflammatory  
stage of the disease by animal food, the best  
and most nutritious of which is Animal Food and  
spirits of cream, and should be most positively, not  
lightly.

It is sometimes necessary in the acute  
inflammation of the liver to excite fomentation; this may  
be done by the internal use of small quantities of cal-  
knel, and by means of Mercurial Frictions. In some  
cases the disease readily submits to a short salivation,  
but generally it is necessary to continue it for several weeks.

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When, as is sometimes the case, it is difficult to obtain a resolution from a doctor, and we perceive that the disease will inevitably terminate in suppuration, we are to encourage the formation of the suppuration by the application of warm fomentations to the affected part; and during the suppuration, when the patient's strength is to be supported by a more generous diet, than has previously been allowed him; with the addition, if necessary of madeira wine. At this stage of the disorder, it has been recommended to employ the Persian Bark in the quantity of 3 grs. 45 in the course of the day.

Our chief object now, is to effect a discharge of the contents of the abscess by an extraction being, and as soon as this is formed we should without delay make an incision into it.

In chronic suppulsive practice is a little different from that which is pursued in the acute. Copious Vomition is not so clearly indicated, but here too, the quantity of blood drawn should be proportioned to the violence of the inflammatory action, and to the strength of the patient.

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In this form of the disease Mercury is undoubted  
= by the most effectual remedy with which we are at  
present acquainted; and is to be administered so as to induce  
an early ptialgia. My confidence in the powers  
of this medicine in the treatment of chronic inflam-  
mation of the liver is such, that I never would  
discharge a patient as radically cured of the disease  
until his salivary glands became affected.

As an auxiliary to Mercury, and  
to support the system under its operation, the  
Nitric acid has been given with evident benefit.  
It is used by the Calendula practitioners in all chronic  
affections of the liver, and is highly spoken of by them.  
The quantity in which they generally give it, is  $\frac{1}{2}$  fl. or  $\frac{3}{4}$  fl. in 24 hours; in doses of 15 or 20 drs., conveniently  
diluted with water, mucilage or syrup.

Much is to be expected from the use of Aromatic in  
every form of the disease, but of all the remedies adap-  
ted to protracted cases, next to Mercury, the preference is  
decidedly due to Senna. To obtain their full effect, they  
should be kept open for a long time.

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I have now finished my observations on  
inflammation of the Liver, but I chance do great injustice  
to my own feelings as well as to the merits of the different  
professors of the institution which I am about to leave, were  
I to close this dissertation, without returning them my  
most sincere thanks, for the cheerfulness with which, as  
public teachers and as friends, they have at all times  
communicated their useful information.

I shall only  
add my sincere desire that the university of Pennsylvania  
may long hold that preminence over the si-  
milar institutions of our country to which the superior  
qualifications of its professors now so justly entitle it.

